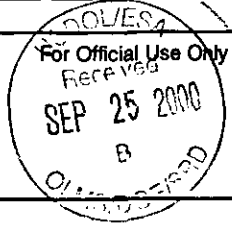

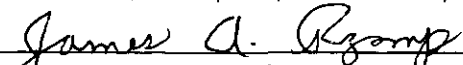


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

		1. FILE NUMBER 014-882		2. PERIOD COVERED MO DAY YEAR From 07 01 1999 Through 06 30 2000		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.				8. MAILING ADDRESS (Type or print in capital letters.) First Name DAVID Last Name BERTGES P.O. Box • Building and Room Number (if any) Number and Street 1701 STATE ST City ERIE State ZIP Code + 4 PA 16501-			
				4. AFFILIATION OR ORGANIZATION NAME CARPENTERS AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 81					
7. UNIT NAME (if any)							
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No							
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)							
Item Number 14		OUTSIDE INDEPENDENT AUDIT BY: DEMARCO WACHTER & CO. CPAs, 403 W 10th St. ERIE, PA 16502 Ph # 814-4546317 - Contact: GEORGE F WACHTER CPA					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)							
57. SIGNED:  9 11 9 2000 (814) 455-1836 Date Telephone Number		PRESIDENT (If other title, see instructions.)		58. SIGNED:  9 11 9 2000 (814) 455-1836 Date Telephone Number		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property? | | X |
| (Answer "Yes" even if there has been repayment or recovery.) | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?

(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO 06 YEAR 2001

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

- | | | | |
|-----------------------|--------|-----------|---------------------|
| (a) Regular Dues/Fees | \$ 21 | per month | (Month, Year, etc.) |
| (b) Initiation Fees | \$ 325 | | |
| (c) Transfer Fees | \$ 0 | | |
| (d) Work Permits | \$ 0 | per | (Month, Year, etc.) |

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 014-882

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. Last Name: WARNER Title: PRESIDENT	First Name: JOSEPH Status: N	528		528
2. Last Name: WINSHEL Title: PRESIDENT	First Name: RICHARD Status: P	352		352
3. Last Name: RZOMP Title: TREASURER	First Name: JAMES Status: C	1056		1056
4. Last Name: JONES Title: CONDUCTOR	First Name: JAMES Status: N	210		210
5. Last Name: BETCHER Title: RECORDING SECRETARY	First Name: MARY Status: C	1080		1080
6. Last Name: CAMILLO Title: WARDEN	First Name: FRANCO Status: C	420		420
7. Last Name: BERTGES Title: VICE PRESIDENT	First Name: DAVID Status: C	0		0
8. Totals from additional pages (if any)		4,009	-0-	4,009
9. Totals of Lines 1 through 8		7,655	-0-	7,655
		10. Less Deductions 0		
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 7,655		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 014-882

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	57634	69608	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments	23240	24563	35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES	0	0
	30. Other Assets					
	31. TOTAL ASSETS	80874	94171	37. NET ASSETS (Item 31 less Item 36)	80874	94171

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	53425	45. To Officers (from Item 24)	7655
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits	637	47. Per Capita Tax	22970
	41. Interest & Dividends	2682	48. Office & Administrative Expense	9799
	42. Sale of Investments & Fixed Assets		49. Professional Fees	1450
	43. Other Receipts	3518	50. Benefits	
	44. TOTAL RECEIPTS	60262	51. Contributions, Gifts & Grants	897
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	4194
			55. TOTAL DISBURSEMENTS	46965

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: 014-882

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name: MILLER First Name: GARY Title: TRUSTEE Status: e		864		864
Last Name: REMOSKY First Name: JOHN Title: FINANCIAL SECRETARY Status: c		1560		1560
Last Name: PERSHKA First Name: RANDY Title: TRUSTEE Status: c		864		864
Last Name: WYSOCKI First Name: RAYMOND Title: TRUSTEE Status: p		721		721
Last Name: _____ First Name: _____ Title: _____ Status: _____				
Last Name: _____ First Name: _____ Title: _____ Status: _____				
Last Name: _____ First Name: _____ Title: _____ Status: _____				
Last Name: _____ First Name: _____ Title: _____ Status: _____				
Totals		4,009	- 0 -	4,009

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 014-882

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				